

Attorney Docket No. 3587-0126PUS1

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	cianned and for which a p	atent is sough	it on the invention entiti	eu:				
Insert Title:	FOOD PRODUCT RICH IN FAT/OIL, PROTEIN AND SWEETENING AGENT							
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:							
Fill in Appropriate Information –	The specification was filed on as United States Application Number							
	and amended on (if applicable) and/or							
For Use Without Specification Attached:	the specification was filed on08/30/2004 as PCT International Application Number _PCT/SG2004/000263							
	and was amended on (if applicable)							
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.							
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code o Federal Regulations, §1.56.							
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention							
	thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States							
	of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America							
	on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any							
	country foreign to the United States of America prior to this application by me or my legal representatives or assigns except as follows.							
	I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:							
	Prior Foreign Application	on(s)	• •		Priority Claimed			
Insert Priority Information (if appropriate)	2004/1530		South Africa	February 25, 20				
	(Number)	(Country)		(Month/Day/Year Fi	led) Yes No			
	(Number)	(Country)		(Month/Day/Year Fi	led) Yes No			
	(Number)	(Country)		(Month/Day/Year Fi	led) Yes No			
	(Number)	(Country)		(Month/Day/Year Fi	led) Yes No			
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications (listed below.							
Insert Provisional								
Application(s): (if any)	(Application Number) (Filing Date)							
	(Application Number)		(Filing Date)					
	All Foreign Applications, if Designs) Prior to the Filing D	any, for any ate of This Ap	Patent or Inventor's Ce plication:	rtificate Filed More than	12 Months (6 Months for			
	Country		Application Num	ber Date of Fi	ling (Month/Day/Year)			
	Malaysia		PI 2004 30	<u> </u>	July 29, 2004			
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s),							
	including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of							
	this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the							
	patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date							
Impact Deign II C	of the prior application and t	he national or l	PCT international filing d	ate of this application.				
(if any)	(Application Number)		(Filing Date)	(Status - patente	(Status - patented, pending, abandoned)			
	(Application Number)		(Filing Date)	(Status - patente	(Status - patented, pending, abandoned)			

(Rev. 05/2004)

Page 1 of 2

KM/clb

I hereby appoint the practitioners at **CUSTOMER NO.** 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>+</b>						
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This	GIVEN NAME/FAMILY NAME Ambrose Jacob Spinnler BENADE	inventor's signature	DATE* 09/08/06			
Document is Signed Insert Residence Insert Citizenshin →	Residence (City, State & Country) Western Cape, South Africa MAILING ADDRESS (Complete Street Address	including City State & Country)	CITIZENSHIP South Africa			
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o South African Medical Research Council; Francie Van Zijl Drive, Parow; Western Cape; 7505 SOUTH AFRICA					
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Christiaan De Wet MARAIS	INVENTOR'S SIGNATURE	DATE*			
	Residence (City, State & Country) Western Cape, South Africa	•	CITIZENSHIP South Africa			
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o South African Medical Research Council; Francie Van Zijl Drive, Parow; Western Cape; 7505 SOUTH AFRICA					
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Unnikrishnan Ramachandran UNNITHAN	INVENTOR'S SIGNATURE	DATE*			
	Residence (City, State & Country) Johor Darul Takzim, Malaysia		CITIZENSHIP India			
	MAILING ADDRESS (Complete Street Address including City, State & Country) Plot 519, Jalan Besi Satu; Pasir Gudang Industrial Estates, Pasir Gudang; Johor Darul Takzim 81700; MALAYSIA					
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Siew Pheng FOO	INVENTOR'S SIGNATURE	DATE*			
	Residence (City, State & Country) Johor Darul Takzim, Malaysia		CITIZENSHIP Malaysia			
	MAILING ADDRESS (Complete Street Address including City, State & Country) Plot 519, Jalan Besi Satu; Pasir Gudang Industrial Estates, Pasir Gudang; Johor Darul Takzim 81700; MALAYSIA					
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
	Residence (City, State & Country)		CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
1						

\*DATE OF SIGNATURE